



Annual Report 2007/08

Treatment

Research

Prevention

Early Detection

Supportive Care



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Letter of Transmittal

The Honourable Don McMorris
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister McMorris:

I have the honour to submit the report of the activities of the Saskatchewan Cancer Agency for the fiscal year ending March 31, 2008.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Jon Schubert', with a large, sweeping flourish extending upwards and to the right.

Jon Schubert
Chairperson

Who we Are

The Saskatchewan Cancer Agency is guided by the mandate set out in *The Cancer Agency Act* and is committed to the provision of quality care and cancer control for the province of Saskatchewan. Many of the administrative and financial accountability requirements that regulate regional health authorities are also applied to the Agency through *The Regional Health Services Act*.

Programs and Services

The Agency provides cancer treatment for men, women and children at the Allan Blair Cancer Centre in Regina, the Saskatoon Cancer Centre, as well as in partnership with ten health regions in 16 community oncology centres throughout the province.

The Agency has world-class scientists, physicians and other cancer care specialists who conduct ground breaking research leading to better treatment and prevention, including biomedical research to understand how cancer develops and how to treat it, and clinical trials to test new and promising treatments.

The Screening Program for Breast Cancer screens approximately 37,000 women each year across the province. The Prevention Program for Cervical Cancer educates and encourages women to have regular Pap tests.

Patients with aggressive or advanced hematological cancers receive treatment and assessment through the Blood and Marrow Transplant Program.

Patients receive comfort through consultation, education and emotional support programs and services.

The Regina and Saskatoon cancer patient lodges provide a warm, home-like environment for out-of-town patients.

Mission

- To provide leadership in cancer control for the people of Saskatchewan

Vision

- A healthy population free from cancer

Values

- Caring and Respect
- Ethics and Accountability
- Quality and Innovation
- Collegiality and Teamwork
- Continuous Learning and Improvement

Organization Structure



Impact of Provincial Demographics on Cancer Services

In 2007, the population of Saskatchewan, defined as the number of residents eligible for health services, was 1,014,649, an increase of 11,418 over 2006. The population aged 50 and older, where most of the demand for cancer services occurs, rose by 8,018. Statistics Canada and the Ministry of Health indicate that the population aged over 65 is projected to continue to increase.

The survival rate for cancer continues to improve, resulting in a continuing increase in the total number of people in Saskatchewan living with cancer. This will result in greater demand for cancer services and treatment, increased number of return visits for recurrent cancers, and the need to raise awareness of the needs of cancer survivors to ensure the delivery of appropriate care.

2007-08 Results at a Glance

In 2007-08, the Agency entered its second year of operation under a provincial model of care. This new model of care is in line with the performance, strategic, operational and financial goals.

GOAL 1—IMPROVED ACCESS TO QUALITY HEALTH SERVICES

• **Wait Times**

Attention has been focused nationally and provincially on wait times in recent years. In 2006, the Agency established a wait times working group to define wait time reporting requirements for primary cancer care stakeholders in order to establish high quality information required to make informed decisions on how to improve access to cancer services. The group is applying validated definitions to practice to report meaningful wait times and are focusing on accurate information and measurements. Definitions alone will not change wait times, and the Agency has taken several initiatives toward reducing wait times and the anxiety for patients that comes with waiting. These include the addition of patient access coordinators, centralization of referral centres, standardization of processes, purchase of radiation therapy equipment, recruitment of locums, information system improvements, and other care enhancements.

• **Radiation Oncology Equipment**

In 2007, a new Varian linear accelerator was installed at the Allan Blair Cancer Centre, adding another state-of-the-art treatment machine at the centre. Model-based segmentation software was also purchased for the Allan Blair Cancer Centre and Saskatoon Cancer Centre. This technology is a model-based map of the organs, and is more consistent and accurate than manual contouring. Use of this tool shifts the time needed to accurately contour manually, to spending more time on creating a better treatment plan for the patient. A second on-board imager, which delivers improved tumour targeting using high resolution, low dose digital imaging in the treatment room, was installed and brought to clinical operation at the Saskatoon Cancer Centre, as well as additional treatment planning and equipment software for both cancer centres.

• **Patient Access Coordinators**

The patient access coordinator program was piloted in 2006/07 and made operational in 2007/08 at the Allan Blair Cancer Centre and Saskatoon Cancer Centre. The program has been shown to reduce anxiety, improve patient and family access to education, information and resources, and provide assistance with navigation through the cancer system.

• **Client Navigators**

In 2006/07, the Screening Program for Breast Cancer piloted a client navigator program. The objectives of the program were to coordinate referrals for women with an abnormal screening mammogram to diagnostic centres for initial assessment, facilitate access for women, and provide information and support. The program was made operational in 2007/08.

• **Community Oncology Program of Saskatchewan (COPS)**

In 2007/08, the community oncology services restructured under a provincial model. A Community Oncology Operations Committee was established during the last fiscal year, consisting of multidisciplinary members within the Agency. The committee is responsible for supporting the clinical and operational requirements of the program, including program planning and development, policy approval and quality improvement initiatives and outcomes.

- **Oncology Drugs**

Effective January 31, 2008 Avastin became a funded drug program for the treatment of advanced colon and rectal cancer. To accommodate the increased workload associated with Avastin administration, renovations to the chemotherapy unit occurred at the Allan Blair Cancer Centre and an additional chemotherapy unit added to the Saskatoon Cancer Centre.

Sutent, for the treatment of renal cell carcinoma, was added to the Agency's formulary effective March 1, 2008.

The Agency, CancerCare Manitoba and the Saskatchewan Association of Health Organizations finalized an agreement in the development of a multi-provincial oncology drug purchasing program.

The Agency participated in a six-month trial utilizing a closed system drug transfer device that minimizes environmental contamination normally associated with the handling of cytotoxic agents. This significant project places focus on patient and staff safety, and was implemented at both cancer centres at the completion of the trial period.

- **Provincial Oncology Pharmacy Delivery Model**

In February 2007 the Saskatchewan Oncology Collaborative approved a provincial pharmacy oncology model based on the recommendations of the Pharmacy Oncology Working Group. Work continues toward implementation of this integrated approach to oncology pharmacy services, which will improve how such services are delivered to cancer patients.

- **Off-site Space**

The Allan Blair Cancer Centre was built to accommodate Agency needs to the year 2005; the Saskatoon Cancer Centre to the year 2000. Increased service volumes and program expansion has added significant space pressures at both centres. To address these pressures and free up space for care services to patients, the Agency acquired additional office space in Regina and Saskatoon, which will accommodate primarily management staff, administrative staff and other program staff.

- **Oncologist Recruitment**

Two key medical head positions were filled in 2007—the Provincial Leader of Medical Oncology and Provincial Leader of Malignant Hematology.

- **Provincial Department of Surgical Oncology**

The Agency took significant steps toward the development of a surgical oncology council and network. A Provincial Leader of the Department of Surgical Oncology has been named, and next steps include establishing Saskatoon and Regina surgical oncology groups and then a surgical oncology network with key stakeholders from Regina, Saskatoon and Prince Albert.

- **Family Practice Oncology Council and Network**

A framework has been established for development of a family practice oncology council and network in partnership with Saskatchewan family physicians. The goal of the council and network is to assist the Agency in its mandate to improve cancer control in the province by providing support and connection to family physicians in the community.

GOAL 2—EFFECTIVE HEALTH PROMOTION AND DISEASE PREVENTION

- **Cancer Prevention**

A Cancer Prevention Department was established within the Agency's Population Health Division, supporting the Agency's vision of a healthy population free from cancer. Collaboration and partnerships with stakeholders will support and drive the development and implementation of a provincial cancer prevention strategy.

- **Colorectal Cancer Screening Program**

A multi-disciplinary advisory group, led by the Agency, was established to investigate and make recommendations on a provincial screening program for colorectal cancer. This committee investigated the opportunity to establish a screening program and its impact on services offered through community professionals and health regions.

GOAL 3 - RETAIN, RECRUIT AND TRAIN HEALTH PROVIDERS

- **Physician Human Resource Plan**

The Agency contracted external consultants to begin development of a physician human resource plan. The project objectives included a review of the remuneration plan, investigation of alternate remuneration options, and development of an accountability framework to clearly identify roles and responsibility of physicians.

- **Staff Appreciation**

The Agency demonstrated its appreciation of the contributions of staff to cancer care delivery through such means as celebration of individual achievements, staff long service awards luncheons, staff appreciation barbeques and departmental recognition activities.

- **Education Sessions**

Educational sessions for all staff are held on a monthly basis in Regina and Saskatoon.

GOAL 4 - A SUSTAINABLE, EFFICIENT ACCOUNTABLE QUALITY HEALTH SYSTEM

- **Strategic Plan**

The Board of Directors approved a new strategic plan for the Agency, along with a revised mission, vision and values. Six broad strategic themes were established: Prevention, Early Detection, Treatment, Leadership and Accountability, and Quality Safety and Risk. Achievement toward the associated targets and measures will be reported to the Board on a regular basis.

- **School of Radiation Therapy**

The School of Radiation Therapy received Canadian Medical Association six-year accreditation based on the provincial model.

- **Quality and Performance Management**

The Agency established a Quality and Performance Management Division in 2007/08. Patient and staff safety, client concerns, enterprise risk management, emergency preparedness, accreditation, performance

management and reporting, quality improvement and privacy fall under the portfolio of this division. Quality & Performance Management is also assisting with development of treatment guidelines.

• **Community Oncology Program of Saskatchewan (COPS)**

Multidisciplinary team site visits to COPS centres are conducted annually, providing an opportunity for dialogue, networking, quality assurance activities and education opportunities. In 2007/08, 11 of the 16 COPS centres were visited. Provincial teleconferencing involves multidisciplinary team members from the two cancer centres and COPS centres. This new initiative, which began in January 2008, is designed to strengthen community partnerships and provide a forum for ongoing discussion of clinical, operational and administrative issues and updates in cancer care.

A Community Oncology Education Program was held in April 2007, hosted by the Saskatoon Cancer Centre. It is a multidisciplinary education program consisting of classroom instruction, followed by clinical practice experience. In May 2007, the Agency partnered with Continuing Professional Learning to present the seventh Annual COPS Provincial Symposium. One hundred and nine health care professionals attended the event.

2007/08 Performance Results

In conjunction with the four strategic goals within the Action Plan for Saskatchewan Health Care, an accountability document clearly establishes the responsibilities and expectations of the Agency in coordinating cancer care services in the province. From the accountability document, a series of performance management indicators have been developed to provide an evaluation tool to determine if expectations have been met.

This section of the annual report provides the opportunity to demonstrate accountability and communicate progress on the strategic goals as established in the action plan. In addition, it provides information to guide the Agency's priority setting and decision making.

GOAL ONE: IMPROVED ACCESS TO HEALTH SERVICES

• Wait Times Reporting

Medical Oncology 2007/08	Allan Blair Cancer Centre	Saskatoon Cancer Centre	Target
Median wait time in weeks from receipt of referral to the patient's first appointment with a medical oncologist ¹ .	5.0	4.0	TBD
Per cent of patients seen by a medical oncologist within target timeframe - 50% within 4 weeks	42.6%	50.9%	50%
Number of patients waiting for an appointment by a medical oncologist ² .	187	160	TBD
Per cent of patients waiting for an appointment with a medical oncologist who have waited more than 12 weeks.	13.1%	5.3%	TBD
Median wait time in weeks from first appointment to start of chemotherapy ³ .	2.3	2.7	TBD
Per cent of chemotherapy begun within target timeframe - 50% within 2 weeks.	43.3%	30.8%	50%

Radiation Oncology 2007/08	Allan Blair Cancer Centre	Saskatoon Cancer Centre	Target
Median wait time in weeks from receipt of referral to the patient's first appointment with a radiation oncologist ¹ .	3.6	5.1	TBD
Per cent of patients seen by a radiation oncologist within target timeframe - 50% within 4 weeks	56.2%	40.5%	50%
Number of patients waiting for an appointment by a radiation oncologist ² .	189	178	TBD
Per cent of patients waiting for an appointment with a radiation oncologist who have waited more than 12 weeks.	9.6%	14.7%	TBD
Median wait time in weeks from first appointment to start of radiation therapy ³ .	4.1	4.6	TBD
Per cent of radiation therapy begun within target timeframe - 50% within 3 weeks ⁴ .	38.5%	33.3%	50%

Notes to the wait times indicator tables:

⁽¹⁾ The wait time from referral to first appointment with an oncologist includes appointments up to one month before the referral date (to capture urgent appointments that precede paperwork), and up to one year after referral. Records where the appointment is one month or more before the referral, or 365 days or more after the referral are assumed to be errors and are excluded.

⁽²⁾ The number of patients waiting to be seen by an oncologist is defined as the number of patients on the last day of the quarter whose referral had been received by the Agency and who had not yet had a first appointment with an oncologist. This includes patients who have an appointment booked on a date following the last day of the quarter. For example, a patient who has an appointment scheduled on October 1 is considered to be waiting to be seen on September 30 (Q2). Records showing a wait of one year or more are assumed to be errors and are excluded. Patients who are deceased with a deceased date prior to the last day of the quarter are excluded.

⁽³⁾ The wait time from first appointment with an oncologist to the start of treatment includes waits of up to one year. Any negative waits are reset to 0 since treatment can never begin before the patient is seen by an oncologist. Records where the first appointment is 365 days or more after the appointment are assumed to be errors and are excluded.

⁽⁴⁾ The targets for radiation therapy are longer than for chemotherapy to allow for treatment planning.

GOAL TWO: EFFECTIVE HEALTH PROMOTION AND DISEASE PREVENTION

- **Prevention Program for Cervical Cancer**

The Prevention Program for Cervical Cancer, a comprehensive population-based screening program for cervical cancer, was established in 2003. Increasing participation in regular Pap testing and tracking follow-up of unsatisfactory and abnormal test results are central aspects of this organized approach.

- **Screening Program for Breast Cancer**

The Screening Program for Breast Cancer has been in operation for 18 years. The program offers a provincial population-based program targeting women 50 years of age and over. The goal of the program is to decrease mortality from breast cancer in women. The program provides screening mammograms to women who do not have breast implants and are not on active follow-up for breast cancer. Screening is provided every two-years for women without a history of breast cancer and yearly for those with a family history. SPBC screens approximately 37,000 women each year.

- **Colorectal Cancer Screening**

In November 2007, the Colorectal Cancer Screening Advisory Committee held its first meeting. This committee consists of key stakeholders from several health organizations, government, health care providers, public and target groups, as well as other interested organizations. Development of a program proposal began in January 2008. The program manager position was filled in January 2008 and two working groups were formed to begin moving the planning process forward. One is focusing on the development and implementation of the first phase of program implementation, the second focusing on the public and health care provider communications.

- **Client Navigators**

In 2005/06, the Screening Program for Breast Cancer piloted a client navigator program. The objectives of the program were to coordinate referrals for women with an abnormal screening mammogram to diagnostic centres for initial assessment, facilitate access for women, and provide information and support. In January 2007 a formal evaluation of the program was undertaken. The evaluation included a quantitative analysis of administrative databases and satisfaction surveys for clients, family physicians and diagnostic centre personnel. The results of the evaluation showed that the original objectives of the program were met, with reductions in wait times being realized and additional supports being provided to women with an abnormal screening mammogram. The program has benefited stakeholders, including clients, through the reduction of wait times and anxiety. Health care providers, such as physicians, have benefited from the assistance of navigators and increased coordination within the system. There are still opportunities for improvement, and enhancements to the educational, marketing and communication components of the program will help strengthen the support and utilization of the navigator role by family physicians and their clients.

- **Prevention Department**

In 2007, the Agency established a Prevention Department within the Population Health Division, supporting the Agency's vision *a healthy population free from cancer*. The Prevention Department will lead the development of a provincial primary cancer prevention strategy. The vast nature of prevention work requires key roles such as coordinators to collaborate with staff, health regions and other partners. For effectiveness and sustainability, integration will occur with other stakeholder initiatives such as the Ministry of Health's *Healthier Places to Live, Work and Play* (2004), a population health promotion strategy for Saskatchewan. Integrating existing chronic disease prevention strategies that share the same risk factors to reduce duplication and fill gaps is also required, and there is interest in coordinating this effort provincially.

GOAL THREE: RETAIN, RECRUIT AND TRAIN HEALTH PROVIDERS

Workforce planning indicators 2007/08		Agency Value	Provincial Value	Range	Target
Number of wage-driven premium hours (overtime and other premiums) per full-time equivalent by affiliation	Provider Union (CUPE, SEIU, SGEU)	24.39	45.68	18.53-91.96	to be determined
	OOS/OTHER	1.89	3.41	0.21-13.02	to be determined
	Organization as a whole	18.95	48.46	18.95-131.14	to be determined
Number of sick leave hours per full-time equivalent by affiliation	Provider Union (CUPE, SEIU, SGEU)	70.26	89.48	70.26-108.76	to be determined
	OOS/OTHER	48.54	50.23	41.95-70.10	to be determined
	Organization as a whole	65.01	84.35	65.01-100.96	to be determined
Number of lost-time WCB claims per 100 full-time equivalents		0.00	7.12	0.00-9.02	to be determined
Number of lost-time WCB days per 100 full-time equivalents		0.00	451.26	0.00-677.35	to be determined

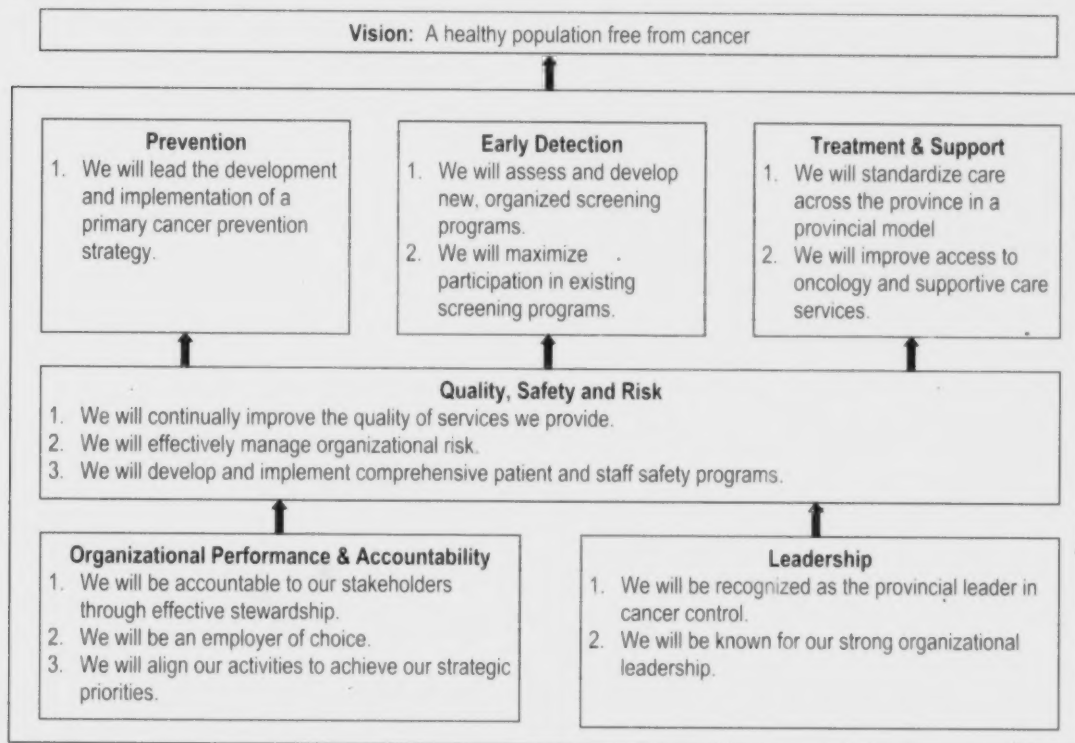
Notes to the workforce planning indicator table:

The OOS/OTHER category includes all non-unionized employees on the SAHO payroll system, not just management personnel.

Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.

GOAL FOUR: A SUSTAINABLE, EFFICIENT, ACCOUNTABLE QUALITY HEALTH SYSTEM

In May 2007, the Board endorsed a new strategic plan for the Agency. The Board also gave its endorsement of a revised mission statement, vision and values. The strategic plan is comprised of six broad themes which flow to support the vision "A healthy population free from cancer". Priorities have been identified within each theme as noted below.



Targets and measures have been established for each priority. Each division within the Agency has developed a business plan to support the priorities, and progress toward the targets and measures will be reported to the Board of Directors on a regular basis.

Financial Indicators 2007/08	Agency Value	Provincial Value	Range ¹	Target
Surplus (deficit)	\$295,594	not applicable	(\$3,782,174)- \$5,674,918	\$0
Surplus (deficit) as a percentage of actual operating expenditures	.004%	not applicable	(2.6%)-1.6%	0.0%-0.5%
Working capital ratio (current ratio)	1.46	not applicable	0.31-1.80	to be determined
Number of days able to operate with working capital	15.24	not applicable	(62.32)-39.28	to be determined

Note to the financial indicator table:

⁽¹⁾ Range values are based on data from final, unaudited financial statements.

Financial Summary

In 2007-08, the Agency continued to address recommendations of the 2006 Operational Review, support Access to Care initiatives, and respond to workload pressures by making additional investments in staffing resources. Approximately \$2 million was budgeted for this purpose. Due to regular staff turnover and the length of time required to recruit to the new positions, salaries and employee benefit expenses were significantly under budget during this period.

Another major initiative of the Agency was to begin funding Avastin™ (trade name) or Bevacizumab (drug name) for the treatment of advanced colon and rectal cancer effective November 7, 2007. Patients no longer have to pay for Avastin treatments.

The savings from the vacancy savings in salary costs resulted in the Agency forecasting a surplus. This surplus provided the flexibility to move a \$1.1M operating grant into deferred revenues for the future development of a colorectal cancer screening program. The surplus also provided the Ministry of Health the opportunity to reduce the amount of its operating grant to the Agency by \$0.8 million and redirect those funds to other provincial health care priorities. The Agency still finished the year with an operating surplus of \$295,594 (0.3% of actual operating expenses). The total unrestricted fund balance of all funds combined provides a good working capital position of fifteen days.

Capital equipment purchases were also under budget by \$2.1 million. This variance was due mainly to deferring the replacement of the cancer registry system, the timing of renovations projects, and the scope and complexity of the Clinical Management System (CMS) project requiring the extension of timelines.

While a significant amount of capital funding has been received in recent years to replace and add new equipment, there is still some equipment that is quite old or at the end of its expected useful life. This equipment is at risk of failure and due for replacement. As advances in treatment technology continue to emerge, this creates pressure to acquire new equipment technology on a timely basis. The Agency monitors its equipment needs, allocates capital funding to high-priority areas and communicates additional funding requirements to the Ministry of Health through the annual planning process. A linear accelerator was replaced at the Allan Blair Cancer Centre in 2007-08 and a second linear accelerator will be replaced at the Allan Blair Cancer Centre in 2008-09. Service contracts and in-house staff are used to maintain the equipment and maximize its useful life. Contingency plans have also been developed in the event of a prolonged breakdown of equipment.

The need for additional space to accommodate increasing workloads and expanding programs and services is an urgent priority. This need is most acute at the Saskatoon Cancer Centre, but is also a pressure at the Allan Blair Cancer Centre. The Agency has submitted a major renovation proposal to Saskatchewan Health for the Saskatoon Cancer Centre. In the meantime, the Agency is pursuing alternatives to address the facility space pressures including small renovation projects, renting additional off-site building space, changes to hours of operation, and developing an Agency-wide long-term facilities plan.

The administration costs of support areas for the Agency's various programs and activities is 4.6% of operating costs. These costs are higher than the prior year due to the new Quality and Performance Management program and Fund Development program becoming more fully operational in 2007-08.

Future Outlook/Emerging Issues

Collaboration at the Provincial and National Levels

Cancer programs and services are provided by a number of different organizations and practitioners. Community-based family physicians and specialists, volunteer groups, health regions and the Agency all play a vital, complementary role in meeting the needs of Saskatchewan residents. The Saskatchewan Oncology Collaborative was formed to facilitate the coordination and integration of cancer services, and is comprised of representatives from the Agency, health regions, the Canadian Cancer Society-Sask Division and the cancer centres' lay advisory committees. The Collaborative provides a forum to improve outcomes on strategic directions, program consultation, planning, evaluation and implementation of strategies for cancer control in the province and ensures a consistent approach to services and improve services available to cancer patients and their families.

Nationally, the Canadian Partnership Against Cancer (CPAC) provides hope for improved coordination at the inter-provincial level. CPAC will provide leadership in knowledge management and coordination of effort among provinces and territories, cancer experts, stakeholder groups and aboriginal organizations. The Agency has representation on CPAC's Partnership Action Groups: primary prevention, screening, standards, cancer control guidelines, human resources, research, surveillance, quality and performance managements. The partnership will ensure the most reliable and current cancer knowledge reaches all parts of the country regardless of provincial or territorial boundaries. This includes knowledge about preventing, screening, diagnosing and treating cancer, as well as data and research. It will provide this information to governments, cancer professionals and support groups, patients, their families and individuals in every part of Canada.

The objectives of the cancer control strategy are to:

- reduce the expected number of new cases of cancer among Canadians.
- enhance the quality of life of those living with cancer.
- lessen the likelihood of Canadians dying from cancer.

Prevention

Fifty per cent of cancers are preventable. With rising health costs and the burden of cancer on individual and society, it is increasingly imperative that prevention strategies are developed and implemented.

Radiation Therapy Equipment

Radiation treatment technology is changing at a rapid pace. The Agency is beginning development of a long-term capital plan, which will include equipment pressures.

Drug Treatment Advances

The national Joint Oncology Drug Review (JODR) program examines the harmonization of cancer drug reviews among the provinces. The Agency is participating in the evaluation of the JODR. As well, the Agency has a pharmacy and therapeutics working group that assesses drugs and makes recommendations for coverage. There continues to be a number of cancer drugs treatment programs, including supportive cancer treatments, that are not funded by the Agency. Drug funding pressures are experienced by cancer agencies across the country.

Governance and Transparency

Board Membership

The Agency is funded by the provincial government and is directed by a Board of Directors appointed by the Lieutenant Governor in Council. Serving on the Board are Jon Schubert, Gordon Joyce, Dr. Stewart McMillan and Moyez Somani of Regina, Denis Caron, Doug Finnie, Laura Kennedy and Carolyn Rebeyka of Saskatoon, Mark Frison of Swift Current, Dr. Walter Streelasky of Melville, and Wayne Pearson of Prince Albert. One position is vacant.

The Board established three sub-committees in 2007: Quality, Safety and Risk; Audit; and Governance and Human Resources.

Payee Disclosure List

As part of government's commitment to accountability and transparency, the Ministry of Health, the regional health authorities and the Agency disclose payments of \$50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures. The Agency's 2007-08 Payee Disclosure List can be accessed at www.saskcancer.ca under Publications or can be obtained by calling the Agency's Head Office at 306-585-1831.

Performance Management Summary

In support of the Action Plan for Saskatchewan Health Care, the Ministry of Health developed an accountability framework that defines and clarifies the performance relationship between the Saskatchewan Cancer Agency and the province. The accountability document articulates the Ministry's expectations of the Agency for the funding that is provided. The associated measures/indicators are used in assessing if the Agency met, or is progressing towards meeting, these expectations.

To demonstrate accountability and transparency to the public, these indicators are reported through this summary table in the Agency's and each health region's annual report. For detailed indicator descriptions, please refer to the Performance Management Accountability Indicators document on the Ministry of Health's website at www.health.gov.sk.ca

Organizational Effectiveness Indicators

Quality	Agency Value	Provincial Value	Range	Target
Date of last accreditation or when accreditation is schedule	March 2006, scheduled for March 2009	not applicable	not applicable	not applicable
Number of client contacts with the quality of care coordinator to raise a concern 2006/07	102	not applicable	not applicable	not applicable
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days 2006/07	99%	86%	52%-99%	to be determined

Workforce Planning 2007/08		Agency Value	Provincial Value	Range	Target
Distribution of health system full time equivalents by affiliation	Provider Union (CUPE, SEIU, SGEU)	307.74	not applicable	not applicable	not applicable
	OOS/OTHER	98.16			
	Organization as a whole	405.90			
Worked hours as a percentage of total hours by affiliation	Provider Union (CUPE, SEIU, SGEU)	80.2%	77.3%	73.3%-80.2%	to be determined
	OOS/OTHER	79.0%	81.8%	75.0%-84.2%	to be determined
	Organization as a whole	79.9%	77.2%	72.5%-79.9%	to be determined

Community Oncology Program of Saskatchewan 2007/08		Agency Value	Target
Number of patients per health region receiving chemotherapy treatments at a COPS centre	Athabasca Health Authority	-	to be determined
	Cypress	158	
	Five Hills	116	
	Heartland	27	
	Keewatin Yatthe	-	
	Kelsey Trail	104	
	Mamawetan Churchill River	-	
	Prairie North	156	
	PA Parkland	165	
	Regina Qu'Appelle	57	
	Saskatoon	56	
	Sun Country	117	
	Sunrise	224	

Community Oncology Program of Saskatchewan 2007/08		Agency Value	Target
Number of chemotherapy treatments per region	Athabasca Health Authority	-	to be determined
	Cypress	475	
	Five Hills	401	
	Heartland	183	
	Keewatin Yatthe	-	
	Kelsey Trail	1413	
	Mamawetan Churchill River	-	
	Prairie North	709	
	PA Parkland	755	
	Regina Qu'Appelle	295	
	Saskatoon	305	
	Sun Country	495	
	Sunrise	1058	

Based on manual counts from the Agency pharmacy database of prescriptions sent to COPS centres. This does not include visits where medication was not administered, i.e. blood work, CVL care, and follow-up care.

Prevention Program for Cervical Cancer 2005-07	Agency Value	Target
Overall participation rate for eligible women (18-69 years) in the 2005-2007 screening period	64%	to be determined

Research 2007/08	Agency Value	Target
Dollar value of successful grant applications	National Cancer Institute of Canada - \$132,600	to be determined
	Canadian Institutes of Health Research - \$469,895	
	Saskatchewan Health Research Foundation - \$39,112	
	Canadian Breast Cancer Foundation - \$97,808	
	Saskatchewan Cancer Agency - \$337,221	
	Other - \$58,494	

Administrative 2007/08	Agency Value	Target
Administrative expenditures (defined using MIS guidelines) as a percentage of total operating expenditures	4.6%	5.0%

Report of Management

The accompanying financial statements are the responsibility of management and have been approved in principle by the Agency's Board of Directors. The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and, of necessity, include some amounts that are based on estimates and judgments. The financial information presented in the Financial Summary and elsewhere in this report is consistent with that in the financial statements.

Management maintains an appropriate system of internal control, including policies and procedures, which provide reasonable assurances that the Agency's assets are safeguarded and that financial records are relevant and reliable.

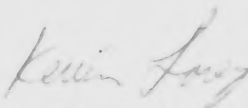
The Board of Directors carries out its responsibility for the financial statements and for overseeing management's financial reporting responsibilities by meeting with management to discuss and review financial matters. The Provincial Auditor Saskatchewan has full and open access to the Board of Directors.

The Provincial Auditor Saskatchewan conducts an independent audit of the financial statements. Their examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures which allow them to report on the fairness of the financial statements. The Auditor's Report outlines the scope of their audit and their opinion.

On behalf of management,



Bob Allen
Chief Executive Officer



Kevin Lacey, CA
Chief Financial Officer

Date

2007/08 Financial Statements

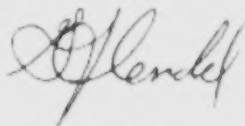
Auditor's Report

To the Members of the Legislative Assembly of Saskatchewan

I have audited the statement of financial position of the Saskatchewan Cancer Agency as at March 31, 2008 and the statements of operations and changes in fund balances, and cash flows for the year then ended. The Agency's management is responsible for preparing these financial statements for Treasury Board's approval. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Agency as at March 31, 2008 and the results of its operations and changes in fund balances, and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Fred Wendel, CMA, CA
Provincial Auditor

Regina, Saskatchewan
June 6, 2008

**SASKATCHEWAN CANCER AGENCY
STATEMENT OF FINANCIAL POSITION
As at March 31**

	Restricted Funds					Total 2007
	Operating Fund	Capital Fund	Research Fund	Trust Fund	Total 2008	
ASSETS						
Current Assets						
Cash and short-term investments (Schedule 1)	\$ 4,616,202	\$ 6,410,195	\$ 647,166	\$ 1,939,303	\$ 13,612,866	\$ 17,950,028
Accounts receivable:						
- Ministry of Health – General Revenue Fund	112,262	---	---	---	112,262	228,150
- Other	747,276	37,806	---	10,497	795,579	814,413
Inventory	2,641,143	---	---	---	2,641,143	2,323,191
Prepaid expenses	223,436	---	---	---	223,436	382,907
Due (to) from other funds	(444,252)	912,306	(163,560)	(304,494)	---	---
	<u>7,896,067</u>	<u>7,360,307</u>	<u>483,606</u>	<u>1,645,306</u>	<u>17,385,286</u>	<u>21,698,689</u>
Investments (Schedule 1)	5,607,777	733,590	---	1,048,450	7,389,817	7,121,834
Capital assets (Note 4)	---	<u>24,209,332</u>	---	---	<u>24,209,332</u>	<u>23,719,418</u>
Total Assets	\$ 13,503,844	\$ 32,303,229	\$ 483,606	\$ 2,693,756	\$ 48,984,435	\$ 52,539,941
LIABILITIES & FUND BALANCE						
Current Liabilities						
Accounts payable	\$ 4,388,211	\$ 1,798,158	\$ 9,014	\$ 55,375	\$ 6,250,758	\$ 6,068,189
Accrued salaries	1,154,571	---	---	---	1,154,571	843,384
Vacation payable	1,201,219	---	54	---	1,201,273	1,184,386
Deferred revenue (Note 7)	<u>3,271,422</u>	---	---	---	<u>3,271,422</u>	<u>3,896,792</u>
	<u>10,015,423</u>	<u>1,798,158</u>	<u>9,068</u>	<u>55,375</u>	<u>11,878,024</u>	<u>11,992,751</u>
Fund Balances						
Invested in capital assets	---	24,209,332	---	---	24,209,332	23,719,418
Externally restricted (Schedule 2)	---	681,482	474,538	1,997,499	3,153,519	2,854,286
Internally restricted (Schedule 3)	1,000,000	4,731,625	---	640,882	6,372,507	11,408,124
Unrestricted	<u>2,488,421</u>	<u>882,632</u>	---	---	<u>3,371,053</u>	<u>2,565,362</u>
Fund balances	<u>3,488,421</u>	<u>30,505,071</u>	<u>474,538</u>	<u>2,638,381</u>	<u>37,106,411</u>	<u>40,547,190</u>
Total Liabilities & Fund Balance	\$ 13,503,844	\$ 32,303,229	\$ 483,606	\$ 2,693,756	\$ 48,984,435	\$ 52,539,941

(See accompanying notes to the financial statements)

SASKATCHEWAN CANCER AGENCY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31

	Operating Fund		Restricted Funds				
	Total 2008	Total 2007	Capital Fund 2008	Research Fund 2008	Trust Fund 2008	Total 2008	Total 2007 (Note 14)
REVENUES							
Ministry of Health – General Revenue Fund	\$ 78,516,635	\$ 72,249,840	\$ 767,906	\$ ---	\$ ---	\$ 767,906	\$ 470,000
Saskatchewan Health Research Foundation	---	563,000	---	---	---	---	---
Health Quality Council	---	9,000	---	---	---	---	---
Grants	583,775	579,749	---	---	---	---	---
Donations and bequests	---	---	---	---	1,170,306	1,170,306	932,019
Investment income	523,425	634,515	366,630	15,307	141,108	523,045	211,966
Other revenues	1,403,276	1,369,320	---	---	---	---	---
	<u>81,027,111</u>	<u>75,405,424</u>	<u>1,134,536</u>	<u>15,307</u>	<u>1,311,414</u>	<u>2,461,257</u>	<u>1,613,985</u>
EXPENSES							
Salaries and employee benefits	42,887,156	37,345,644	---	---	87,385	87,385	20,033
Drugs and medical supplies	28,949,860	23,586,954	---	---	---	---	---
Purchased services	1,721,555	1,663,427	---	---	---	---	---
Other expenses	7,172,946	6,550,337	---	---	250,250	250,250	174,159
Research grants (Schedule 4)	---	---	---	306,210	---	306,210	233,562
Amortization	---	---	4,769,781	---	---	4,769,781	3,926,977
Loss/(gain) on disposal of capital assets	---	---	972,750	---	---	972,750	(6,758)
	<u>80,731,517</u>	<u>69,146,362</u>	<u>5,742,531</u>	<u>306,210</u>	<u>337,635</u>	<u>6,386,376</u>	<u>4,347,973</u>
Excess (deficiency) of revenues over expenses	295,594	6,259,062	(4,607,995)	(290,903)	973,779	(3,925,119)	(2,733,988)
Fund balances, beginning of year	3,062,319	4,648,842	34,622,293	448,094	2,414,484	37,484,871	32,373,274
Adjustment-change in accounting policy (Note 13)	130,508	---	17,468	---	40,770	58,238	---
Interfund transfers (Note 8)	---	(7,845,585)	473,305	317,347	(790,652)	---	7,845,585
Fund balances, end of year	<u>\$ 3,488,421</u>	<u>\$ 3,062,319</u>	<u>\$ 30,505,071</u>	<u>\$ 474,538</u>	<u>\$ 2,638,381</u>	<u>\$ 33,617,990</u>	<u>\$ 37,484,871</u>

(See accompanying notes to the financial statements)

**SASKATCHEWAN CANCER AGENCY
STATEMENT OF CASH FLOWS
For the Year Ended March 31**

	Operating Fund		Restricted Funds				
	2008	2007	Capital Fund	Research Fund	Trust Fund	Total 2008	Total 2007
Cash provided by (used in):	Operating Activities		Financing and Investing Activities				
Excess (deficiency) of revenues over expenses	\$ 295,594	\$ 6,259,062	\$(4,607,995)	\$ (290,903)	\$ 973,779	\$(3,925,119)	\$(2,733,988)
Net change in non-cash working capital (Note 3)	(1,931,539)	1,652,497	1,515,430	184,254	93,368	1,793,052	(126,474)
Amortization of capital assets	---	---	4,769,781	---	---	4,769,781	3,926,977
Loss/(gain) on disposal of capital assets	---	---	972,750	---	---	972,750	(6,758)
	<u>(1,635,945)</u>	<u>7,911,559</u>	<u>2,649,966</u>	<u>(106,649)</u>	<u>1,067,147</u>	<u>3,610,464</u>	<u>1,059,757</u>
Purchase of capital assets							
Buildings/construction	---	---	(860,169)	---	---	(860,169)	(115,614)
Equipment	---	---	(5,484,333)	---	---	(5,484,333)	(1,218,395)
Proceeds on disposal of capital assets							
Equipment	---	---	112,057	---	---	112,057	6,758
	<u>---</u>	<u>---</u>	<u>(6,232,445)</u>	<u>---</u>	<u>---</u>	<u>(6,232,445)</u>	<u>(1,327,251)</u>
Net acquisition of investments	<u>(68,568)</u>	<u>(3,015,830)</u>	<u>(5,423)</u>	<u>---</u>	<u>(5,245)</u>	<u>(10,668)</u>	<u>---</u>
Net increase (decrease) in cash and short-term investments during the year	(1,704,513)	4,895,729	(3,587,902)	(106,649)	1,061,902	(2,632,649)	(267,494)
Cash and short-term investments, beginning of year	6,320,715	9,270,571	9,524,792	436,468	1,668,053	11,629,313	4,051,222
Interfund transfers (Note 8)	---	(7,845,585)	473,305	317,347	(790,652)	---	7,845,585
Cash and short-term investments, end of year	<u>\$ 4,616,202</u>	<u>\$ 6,320,715</u>	<u>\$ 6,410,195</u>	<u>\$ 647,166</u>	<u>\$ 1,939,303</u>	<u>\$ 8,996,664</u>	<u>\$11,629,313</u>
Amounts in cash balances							
Cash and short-term investments	<u>\$ 4,616,202</u>	<u>\$ 6,320,715</u>	<u>\$ 6,410,195</u>	<u>\$ 647,166</u>	<u>\$ 1,939,303</u>	<u>\$ 8,996,664</u>	<u>\$11,629,313</u>

(See accompanying notes to the financial statements)

**SASKATCHEWAN CANCER AGENCY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2008**

1. Legal Status of the Saskatchewan Cancer Agency

The Saskatchewan Cancer Foundation commenced operations on August 1, 1979 under the provisions of *The Cancer Foundation Act*. Effective January 2, 2007, it continued as a corporation under the name of the Saskatchewan Cancer Agency (Agency), pursuant to *The Cancer Agency Act*. The Agency is responsible for the planning, organization, delivery and evaluation of cancer care services throughout Saskatchewan in collaboration with regional health authorities and health care organizations.

The Agency is a non-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant policies:

a) Fund Accounting

The accounts of the Agency are maintained in accordance with the restricted fund method of accounting. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The Operating Fund reflects the primary operations of the Agency including contributions from the Ministry of Health – General Revenue Fund for the provision of health services. Other revenues consist of recoveries, ancillary revenue and billings to patients and other organizations.

ii) Capital Fund

The Capital Fund is a restricted fund that reflects the equity of the Agency in capital assets. The Capital Fund includes contributions from the Ministry of Health - General Revenue Fund designated for construction of capital projects and the acquisition of capital equipment. Expenses consist primarily of amortization of capital assets.

iii) Research Fund

The Research Fund is a restricted fund that supports the awarding of cancer research grants. The research fund includes contributions from research donations transferred from the Trust Fund and investment income of the Research Fund.

iv) Trust Fund

The Trust Fund accepts donations for contributions designated by the contributors to be used for such purposes as cancer research, equipment and library books. The Agency maintains a record of the funds contributed and spent for each of the designated purposes until such funds are fully utilized.

b) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized in the year as revenue of the appropriate restricted fund.

c) Investments

Investments are valued at fair value.

d) Inventory

Inventory consists of chemotherapy drugs valued at cost as determined on the average cost method.

e) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	20 years
Leasehold improvements	3 - 20 years
Equipment and furniture	4 - 15 years

Donated capital assets are recorded at their fair value at the date of contribution.

f) Pension

Employees of the Agency participate primarily in the Public Employees' Pension Plan (a related party) which is a defined contribution pension plan. The Agency follows defined contribution plan accounting for its participation in the plan. Accordingly, the Agency expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses, and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

h) Financial Instruments

The Agency is exposed to financial risks as a result of financial instruments. The Agency has policies and procedures in place to mitigate the associated risks (see Note 11). The risks the Agency is exposed to are:

i) Price risks which include:

- Currency risk - affected by changes in foreign exchange rates.
- Interest rate risk - affected by changes in market interest rates.

- Market risk - affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.
- ii) Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- iii) Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result in an inability to sell a financial asset quickly at close to its fair value.
- iv) Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

3. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Funds				Total 2008	Total 2007
	2008	2007	Capital Fund	Research Fund	Trust Fund			
(Increase) decrease in accounts receivable	\$ 145,209	\$ 785,869	\$ (27,333)	\$ -	\$ 16,846	\$ (10,487)	\$	143,299
(Increase) in inventory	(317,952)	(847,685)	-	-	-	-	-	-
(Increase) decrease in prepaid expenses	157,196	(127,732)	-	-	2,275	2,275		9,500
(Increase) decrease in due (to) from other funds	(70,443)	245,360	(135,158)	186,632	18,969	70,443		(245,360)
Increase (decrease) in accounts payable	(1,550,627)	2,909,087	1,677,921	(4)	55,278	1,733,195		61,296
Increase (decrease) in accrued salaries	311,187	(1,210,157)	-	-	-	-		(83,359)
Increase (decrease) in vacation payable	19,261	200,158	-	(2,374)	-	(2,374)		(11,850)
(Decrease) in deferred revenue	(625,370)	(302,403)	-	-	-	-		-
	<u>\$ (1,931,539)</u>	<u>\$ 1,652,497</u>	<u>\$ 1,515,430</u>	<u>\$ 184,254</u>	<u>\$ 93,368</u>	<u>\$ 1,793,052</u>		<u>\$ (126,474)</u>

4. Capital Assets

	March 31, 2008			March 31, 2007
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land and Improvements	\$ 280,297	\$ ---	\$ 280,297	\$ 280,297
Buildings	20,042,939	17,673,556	2,369,383	3,190,021
Leasehold Improvements	12,673,953	6,593,099	6,080,854	5,887,219
Equipment and Furniture	35,893,777	20,414,979	15,478,798	14,361,881
	<u>\$ 68,890,966</u>	<u>\$ 44,681,634</u>	<u>\$ 24,209,332</u>	<u>\$ 23,719,418</u>

5. Commitments

a) Capital Assets Acquisitions

At March 31, 2008, commitments for acquisition of capital assets are \$1,528,115 (2007 - \$5,260,470).

b) Operating Leases

Minimum annual payments under operating leases on property over the next five years are as follows:

2009	\$590,703
2010	480,157
2011	480,789
2012	487,741
2013	410,244

6. Cancer Patient Lodges

The Canadian Cancer Society, Saskatchewan Division, previously donated two cancer patient lodges in the province to the Agency. Under the terms of an agreement with the Society, the Agency has assumed responsibility for the operations of these lodges. Title to the properties will remain with the Agency so long as they are operated as cancer patient lodges. If the Agency ceases to use the buildings as patient lodges, title of those buildings will be transferred to the Society without charge.

7. Deferred Revenue

Deferred Revenue	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Ministry of Health Initiatives				
Ministry of Health - General Revenue Fund				
- Aboriginal awareness training	\$ 23,616	\$ ---	\$ 4,080	\$ 27,696
- Professional development initiatives	54,240	30,202	27,380	51,418
- Quality workplace initiatives	30,124	142	27,380	57,362
- Colorectal screening initiatives	---	---	1,100,000	1,100,000
- First Nation & Metis cancer initiatives	---	---	10,000	10,000
- Nurse safety training initiatives	---	---	16,838	16,838
- Physician tuition initiatives	---	---	3,000	3,000
- Drug & wait time initiatives	1,688,795	879,712	---	809,083
- Drug funding	2,038,025	944,667	83,081	1,176,439
Total Ministry of Health Initiatives	3,834,800	1,854,723	1,271,759	3,251,836
Non-Ministry of Health Initiatives				
Other revenue received in advance	61,992	42,406	---	19,586
Total Non-Ministry of Health Initiatives	61,992	42,406	---	19,586
Total Deferred Revenue	\$ 3,896,792	\$ 1,897,129	\$ 1,271,759	\$ 3,271,422

8. Interfund Transfers

Each year the Agency transfers amounts between its funds for various purposes. These include funding current and future capital asset purchases, research grants, and reassigning fund balances to support certain activities.

	2008			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	\$ ---	\$ 473,305	\$ ---	\$ (473,305)
Research grants	---	---	317,347	(317,347)
Total	\$ ---	\$ 473,305	\$ 317,347	\$ (790,652)

	2007			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	\$ (7,503,158)	\$ 7,606,194	\$ (11,103)	\$ (91,933)
Research grants	(342,427)	---	621,522	(279,095)
Total	\$ (7,845,585)	\$ 7,606,194	\$ 610,419	\$ (371,028)

9. Pension Plan

Employees of the Agency participate primarily in the Public Employees' Pension Plan (a related party) which is a defined contribution pension plan. The Province of Saskatchewan is responsible for the plan. The Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year amounted to \$1,898,345 (2007 - \$1,476,428) and is included in benefits.

10. Related Party Transactions

These financial statements include transactions with related parties. The Agency is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The Agency is also related to non-Crown enterprises that the Government jointly controls or significantly influences.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. Drugs and purchased hospital services acquired from related parties are recorded at rates agreed to by the related parties.

Other routine operating transactions with related parties are recorded at agreed upon rates charged by those organizations and are settled on normal trade terms.

	2008	2007
Expenses		
Regina Qu'Appelle Regional Health Authority	\$ 3,601,141	\$ 2,849,765
Saskatoon Regional Health Authority	4,174,336	3,311,380
Public Employees' Pension Plan	1,898,345	1,476,428
Other related parties	2,344,713	2,966,916
Total related party expenses	<u>\$ 12,018,535</u>	<u>\$ 10,604,489</u>
Prepaid Expenses		
Workers Compensation	\$ ---	\$ 84,424
Other related parties	20,000	110,810
Total related party prepaid expenses	<u>\$ 20,000</u>	<u>\$ 195,234</u>
Accounts Payable		
Regina Qu'Appelle Regional Health Authority	\$ 520,447	\$ 837,286
Saskatoon Regional Health Authority	1,227,586	993,729
Other related parties	484,649	723,196
Total related party payable	<u>\$ 2,232,682</u>	<u>\$ 2,554,211</u>

In addition, the Agency pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

The building premises occupied by the Allan Blair Cancer Centre are leased from the Regina Qu'Appelle Regional Health Authority for \$1 per year, including a portion of occupancy costs. The Saskatoon Cancer Centre building owned by the Agency is situated on land not owned by the Agency. The Agency is not charged for the use of this land.

II. Financial Instruments

a) Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows.

b) Interest Rate Risk

The Agency is exposed to the following interest rate risk when the value of its financial instruments fluctuates due to changes in market interest rates:

- The interest rate risk for the Agency's receivables and payables is minimal because they are non-interest bearing and of a short-term nature.
- As market interest rates fluctuate, the market value of long-term investments moves in the opposite direction. This risk will affect the selling price of investments if they are sold prior to maturity. Due to the size and nature of the Agency's investment portfolio and its future

cash flow needs, the Agency is able to manage the timing of investment disposals in a manner that minimizes the interest rate risk.

c) **Credit Risk**

The Agency is exposed to credit risk from potential non-payment of accounts receivable or investment income and principle. The credit risk for the Agency's receivables is minimal because they are mostly from the Ministry of Health – General Revenue Fund, other government organizations or suppliers with which the Agency has ongoing contractual relations. The credit risk for the Agency's investments and related accrued interest receivable is minimal because investments consist of corporate bonds and provincial government bonds and debentures.

d) **Fair Value of Financial Instruments**

The Agency classifies its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act.

Cash is classified as held-for-trading. Accounts receivables are classified as loans and receivables. The carrying value approximates fair value due to the short-term nature of these instruments.

Investments are classified as held-for-trading assets and recorded at fair value. Transaction costs related to held-for-trading financial assets are expensed as incurred. The change in fair value of the investments is recognized in net income. Fair value is determined by quoted market values.

Accounts payable, accrued salaries and vacation payable are classified as other liabilities. The carrying value approximates fair value due to the short-term nature of these instruments.

12. Budget

Schedule 5 compares actual results to the 2007-08 budget plan approved by the Agency's Board of Directors on May 23, 2007.

13. Change in Accounting Policy

Effective April 1, 2007, the Agency adopted the new CICA Handbook Section 3855 – Financial Instruments – Recognition and Measurement, Section 3862 – Financial Instruments – Presentation and Section 3863 – Financial Instruments – Disclosure.

Upon the adoption of these standards, the impact of applying this change in accounting policy prospectively, effective April 1, 2007, to recognize fair value adjustments on financial instruments held-for-trading was as follows:

April 1, 2007

Increase in investments	\$188,746
Increase in total assets	\$188,746

Increase in unrestricted fund balance	\$188,746
Increase in total liabilities and fund balances	\$188,746

Upon the adoption of the new standards, the impact of applying this change in accounting policy for the year ended March 31, 2008 to recognize fair value adjustments for gains and losses on financial instruments held-for-trading was as follows:

Increase in investment income	\$79,237
Increase in net income	\$79,237

14. Comparative Information

Certain 2006-07 balances have been reclassified to conform to current year's presentation.

**SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INVESTMENTS
As at March 31, 2008**

	<u>Amount</u>	<u>Maturity Date</u>	<u>Effective Rate</u>	<u>Coupon Rate</u>
Restricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	\$ 8,996,664	---	3.31%	---
Long-term investments:				
Province of British Columbia Bond	515,450	06/01/09	5.62%	5.70%
GE Capital Canada Bond	513,100	10/23/09	5.71%	5.65%
Province of Saskatchewan Savings Bond	535,350	12/03/12	5.21%	5.25%
Province of New Brunswick Bond	<u>218,140</u>	02/25/13	4.89%	5.50%
	1,782,040			
Total restricted investments	<u>\$ 10,778,704</u>			
Unrestricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	\$ 4,616,202	---	3.31%	---
Long-term investments:				
Province of Saskatchewan Savings Bond	502,560	05/28/08	5.58%	5.50%
Province of Nova Scotia Bond	513,850	06/01/09	5.08%	5.40%
Royal Bank Step Up Bond	574,767	06/28/10	3.15%	3.15%
GE Capital Canada Fund Strip Bond	407,300	07/24/12	5.00%	5.00%
Bank of Nova Scotia Bond	508,700	05/12/14	6.13%	5.75%
Province of New Brunswick Bond	1,025,600	12/03/15	4.42%	4.30%
Province of Saskatchewan Savings Bond	<u>2,075,000</u>	08/23/16	4.42%	4.50%
	5,607,777			
Total unrestricted investments	<u>\$ 10,223,979</u>			
Restricted & Unrestricted Totals				
Total cash and short-term investments	\$ 13,612,866			
Total long-term investments	<u>7,389,817</u>			
Total Investments	<u>\$ 21,002,683</u>			

(See accompanying notes to the financial statements)

Schedule 2

**SASKATCHEWAN CANCER AGENCY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2008**

Restriction	Balance Beginning of Year	Adjustment - Change in Accounting Policy (Note 13)	Investment and Other Revenue	Expenses	Transfers	Balance End of Year
Capital acquisitions	\$ 725,460	\$ ---	\$ 767,906	\$ (811,884)	\$ ---	\$ 681,482
Research contributions	448,094	---	15,307	(306,210)	317,347	\$ 474,538
Trust Fund donations	<u>1,680,732</u>	<u>9,489</u>	<u>919,553</u>	<u>(173,924)</u>	<u>(438,351)</u>	<u>\$ 1,997,499</u>
Total	<u>\$ 2,854,286</u>	<u>\$ 9,489</u>	<u>\$ 1,702,766</u>	<u>\$ (1,292,018)</u>	<u>\$ (121,004)</u>	<u>\$ 3,153,519</u>

Schedule 3

**SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2008**

Restriction	Balance Beginning of Year	Adjustment - Change in Accounting Policy (Note 13)	Investment and Other Revenue	Expenses	Transfers	Balance End of Year
Contingency Reserve	\$ 1,000,000	\$ ---	\$ ---	\$ ---	\$ ---	\$ 1,000,000
CMS Reserve ¹	2,068,178	---	---	(1,037,451)	---	\$ 1,030,727
Capital acquisitions	7,606,194	---	---	(3,905,296)	---	\$ 3,700,898
Trust Fund donations	<u>733,752</u>	<u>31,281</u>	<u>391,861</u>	<u>(163,711)</u>	<u>(352,301)</u>	<u>\$ 640,882</u>
Total	<u>\$ 11,408,124</u>	<u>\$ 31,281</u>	<u>\$ 391,861</u>	<u>\$ (5,106,458)</u>	<u>\$ (352,301)</u>	<u>\$ 6,372,507</u>

¹ The Agency is implementing a multi-million dollar Clinical Management System (CMS) and established the CMS Reserve in 2003-04 to help fund this initiative.

(See accompanying notes to the financial statements)

Schedule 4

**SASKATCHEWAN CANCER AGENCY
SCHEDULE OF RESEARCH GRANTS
For the Year Ended March 31, 2008**

	<u>2008</u>	<u>2007</u>
Combined Radiation Therapy and Dendritic Cell Vaccine in Treatment of Breast and Head-Neck Tumors, Saskatoon	\$ 89,475	\$ 93,506
Role of Ankyrin3 in Receptor Mediated Endocytosis, Saskatoon	87,166	91,509
Characterization of MS-1 and Its Role in Breast Cancer Metastasis, Saskatoon ..	86,756	-
Prognostic Role of Surgical Resection of Primary Tumor in Metastatic Colorectal Cancer, Saskatoon	6,880	-
Role of the Regulatory Subunit of P13K (p85) in PDGF Receptor Down-Regulation, Saskatoon	29,062	-
Repayment of unused grant to HSURC	6,871	-
Characterization of the Metastatic Phenotype in Breast Cancer, Saskatoon	-	47,389
Effects of Lung Structure and Function on Dose, Saskatoon	-	12,261
Total Grants	\$ <u>306,210</u>	\$ <u>244,665</u>
<u>Breakdown</u>		
Operating expenses	\$ 306,210	\$ 233,562
Capital expenditures	<u>-</u>	<u>11,103</u>
	\$ <u>306,210</u>	\$ <u>244,665</u>

(See accompanying notes to the financial statements)

**SASKATCHEWAN CANCER AGENCY
COMPARISON OF ACTUAL TO BUDGET
For the Year Ended March 31, 2008**

	Operating Fund		Restricted Funds			
	Actual	Budget (Note 12)	Research Fund		Trust Fund	
			Actual	Budget (Note 12)	Actual	Budget (Note 12)
REVENUES						
Ministry of Health – General Revenue Fund	\$ 78,516,635	\$ 80,394,331	\$ ---	\$ ---	\$ ---	\$ ---
Health Quality Council	---	16,000	---	---	---	---
Grants	583,775	599,155	---	---	---	---
Donations and bequests	---	---	---	---	1,170,306	1,923,685
Investment income	523,425	379,680	15,307	6,000	141,108	104,000
Other revenues	1,403,276	1,179,503	---	---	---	---
	<u>81,027,111</u>	<u>82,568,669</u>	<u>15,307</u>	<u>6,000</u>	<u>1,311,414</u>	<u>2,027,685</u>
EXPENSES						
Salaries and employee benefits	42,887,156	45,319,090	---	---	87,385	92,000
Drugs and medical supplies	28,949,860	28,441,928	---	---	---	---
Purchased services	1,721,555	1,537,009	---	---	---	---
Other expenses	7,172,946	7,270,642	---	---	250,250	314,478
Research grants (Schedule 4)	---	---	306,210	337,221	---	---
	<u>80,731,517</u>	<u>82,568,669</u>	<u>306,210</u>	<u>337,221</u>	<u>337,635</u>	<u>406,478</u>
Excess (deficiency) of revenues over expenses	295,594	---	(290,903)	(331,221)	973,779	1,621,207
Interfund transfers (Note 8)	---	---	317,347	317,347	(790,652)	(815,947)
Net increase (decrease) in fund balances	\$ 295,594	\$ ---	\$ 26,444	\$ (13,874)	\$ 183,127	\$ 805,260
					Capital Fund	
					Actual	Budget (Note 12)
REVENUES						
Ministry of Health						
- General Revenue Fund					\$ 767,906	\$ 270,000
Investment income					366,630	225,000
(Loss) on disposal of capital assets					(972,750)	---
					<u>161,786</u>	<u>495,000</u>
CAPITAL EXPENDITURES					<u>6,334,502</u>	<u>8,419,144</u>
(Deficiency) of revenues over expenditures					\$ (6,172,716)	\$ (7,924,144)
Interfund transfers (Note 8)					\$ 473,305	\$ 498,600

(See accompanying notes to the financial statements)

**SASKATCHEWAN CANCER AGENCY
CONSOLIDATION SCHEDULES OF**
**BOARD MEMBER REMUNERATION
For the Year Ended March 31, 2008**

	2008							2007
Board Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Board Chair:								
Schubert, Jon ⁽¹⁾	\$ 10,790	\$ 3,900	\$ 150	\$ 250	\$ -	\$ 156	\$ 15,246	\$ 4,816
Semenchuck, Gary ⁽²⁾	-	-	-	-	-	-	-	12,551
Board Members:								
Ahenakew, Audrey ⁽²⁾	-	-	-	-	-	-	-	3,427
Albritton, Dr. William ⁽²⁾	-	-	-	-	-	-	-	400
Beck, Carol ⁽²⁾	-	-	-	-	-	-	-	6,544
Caron, Denis	-	1,750	625	1,154	-	-	3,529	3,132
Ermei, Diana ⁽²⁾	-	-	-	-	-	-	-	2,283
Finnie, Doug ⁽³⁾	-	3,063	925	4,561	-	-	8,549	275
Frison, Mark ⁽³⁾	-	2,225	1,200	4,929	-	-	8,354	741
Gilliland, Mary ⁽²⁾	-	-	-	-	-	-	-	3,182
Joyce, Gordon	-	1,800	375	1,594	-	-	3,769	3,974
Kennedy, Laura ⁽³⁾	-	-	-	250	-	-	250	-
Leitch, Don ⁽²⁾	-	-	-	-	-	-	-	6,215
McMillan, Dr. Stewart ⁽²⁾	-	1,250	50	204	-	-	1,504	400
Morris, Dr. Fred ⁽²⁾	-	-	-	-	-	-	-	1,627
Pearson, Wayne ⁽³⁾	-	1,200	925	1,747	-	-	3,872	1,157
Rebeyka, Carolyn ⁽²⁾	-	200	125	232	-	-	557	-
Somani, Moyez ⁽³⁾	-	-	-	340	-	-	340	543
Streelasky, Dr. Walter ⁽³⁾	-	850	450	664	-	-	1,964	1,119
Total	\$ 10,790	\$ 16,238	\$ 4,825	\$ 15,925	\$ -	\$ 156	\$ 47,934	\$ 52,386

(1) New chairperson effective January 2, 2007

(2) Term ended effective January 1, 2007

(3) New board members effective January 2, 2007

**SENIOR MANAGEMENT REMUNERATION, BENEFITS, ALLOWANCES, AND SEVERANCE
For the Year Ended March 31, 2008**

	2008					2007			
Senior Employees	Salaries ⁽¹⁾	Benefits and Allowances ⁽²⁾	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances ⁽¹⁾⁽²⁾	Severance	Total	
Robert Allen, Chief Executive Officer	\$ 171,908	\$ 2,367	\$ 174,275	\$ -	\$ 174,275	\$ 151,031	\$ -	\$ 151,031	
Dr. David Popkin, Vice-President, Care Services - Clinical	398,279	-	398,279	-	398,279	364,862	-	364,862	
Bill Morton, Vice-President, Corporate Services	135,653	-	135,653	-	135,653	117,073	-	117,073	
Dr. Svein Carlsen, Vice-President, Research	134,929	-	134,929	-	134,929	130,497	-	130,497	
Ivan Olfert, Vice-President, Care Services - Operations	131,598	-	131,598	-	131,598	110,655	-	110,655	
Jon Tonita, Vice-President, Population Health & Cancer Control ⁽³⁾	110,247	-	110,247	-	110,247	71,852	-	71,852	
Ron Colin, Vice-President, Quality & Performance Management ⁽⁴⁾	91,921	-	91,921	-	91,921	-	-	-	
Dr. T.S. Goh, Exec Dir, Allan Blair Cancer Center ⁽⁵⁾	-	-	-	-	-	113,080	-	113,080	
Huguette Coleman, Assoc Exec Dir, Allan Blair Cancer Center ⁽⁵⁾	-	-	-	-	-	63,379	64,058	127,437	
Dennis Karakochuk, Exec Dir, Human Resources ⁽⁵⁾	-	-	-	-	-	61,251	57,446	118,697	
Lois Harrison, Exec Dir, Prevention & Early Detection ⁽⁵⁾	-	-	-	-	-	51,398	-	51,398	
Kevin Lacey, Chief Financial Officer ⁽⁵⁾	-	-	-	-	-	29,337	-	29,337	
Total	\$ 1,174,535	\$ 2,367	\$ 1,176,902	\$ -	\$ 1,176,902	\$ 1,264,415	\$ 121,504	\$ 1,385,919	

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, merit or performance pay, lumpsum payments, and any other direct cash remuneration.

(2) Benefits and allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell-phone, computer, etc., as well as any other taxable benefits.

(3) This position took effect as of the July 19, 2006 reorganization date.

(4) Ron Colin was hired on April 23, 2007.

(5) Remuneration, benefits, allowance and severance for these positions are included up to July 19, 2006, at which time these positions ceased to be part of senior management.

(See accompanying notes to the financial statements)

Information

Saskatchewan Cancer Agency contact numbers:

Head Office (Regina) • 306-585-1831

Allan Blair Cancer Centre (Regina) • 306-766-2213

Regina Cancer Patient Lodge • 306-359-3166

Saskatoon Cancer Centre • 306-655-2662

Saskatoon Cancer Patient Lodge • 306-242-4852

Research (Saskatoon) • 306-655-2778

Population Health (Regina) • 306-359-5877

Prevention and Early Detection • toll-free in Saskatchewan 1-800-667-0017

Quality of Care Coordinator (client representative) • toll-free in Canada 1-866-577-6489

Fund Development • 306-791-2142

Visit our website • www.saskcancer.ca

Saskatchewan Cancer Agency

Payee Disclosure List

For the Year Ended March 31, 2008

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc., which total \$50,000 or more.

Last Name	First Name	Amount Paid	Last Name	First Name	Amount Paid
ABBS	JENELLE	\$ 68,593	KRUGER	LANA	76,252
ABOO	ISMAIL	340,647	KULRICH	CELIA	73,447
AHMAD	IMRAN	337,580	KUNDAPUR	VIJAYANAN	268,096
AHMED	SHAHID	302,550	LACEY	KEVIN	104,601
ALI	S KAISER	383,762	LADYKA	COLIN	72,022
ALLEN	JOANNE	64,544	LANGSTON	DANIELLE	55,120
ALLEN	ROBERT	171,908	LAPOINTE	J.R. CLAU	130,970
ALVI	RIAZ	75,884	LAURIDSEN	DEBBIE	53,447
ANDERSON	DEBORAH	98,734	LAYTON	BARBARA	81,238
ANDREAS	J. JOE	74,631	LEIK	SHERITEE	90,459
ARNOLD	FLORENCE	325,593	LEWIS	MARGARET	89,382
ARSENAULT	DEBORAH	101,978	LEWKO	JENNIFER	63,354
ASH	SHEILA	52,848	LITTLE	GLENDA	64,297
BAISLEY	JULIE-ANN	50,261	LOBZUN	KEVIN	75,561
BARNARDO	CHRISTOPH	63,007	LOHAR	PRITESH	122,689
BARSS	RICHARD	82,000	LUTERBACH	SHARON	66,195
BECKETT	CRAIG	126,704	MACDONALD	WANDA	53,931
BEHL	MONICA	292,612	MACDONALD	COLIN	56,290
BELITSKI	RENEE	100,892	MACDONALD	JANICE	62,161
BELOUS	JANICE	60,186	MACLENNAN	IAIN	338,789
BERNAUER	SANDRA	67,684	MAGOSSE	MATT	63,352
BERZOLLA	WAYNE	53,066	MAHMOOD	SHAZIA	291,363
BICHON	CAROL	64,859	MBUYI	FELICIEN	164,391
BJORND AHL	STERLING	103,579	MCALLISTER	RAE	164,391
BLACK	MEGAN	65,439	MCGONIGAL	RAELENE	69,265
BLEILE	LANA	57,518	MCKENZIE	JENNIFER	67,036
BOLLINGER	SUSAN	89,704	MCLEOD	JOANNE	104,046
BONHAM	KEITH	98,132	MENSCH	JACKIE	79,499
BONNELL	GABRIEL	53,555	MILLIGAN	LAUREY	58,466
BRIGDEN	MALCOLM	145,753	MITCHELL	JANET	56,786
BRIGGS	SHERI	71,509	MOHAMED	MOHAMED	365,954
BRUSE	LYDIA	65,136	MORRIS	JOAN	77,928
BRYDON	LIZABETH	57,326	MORROW	NORMA	69,788
BUDZ	DENISE	106,176	MORTON	WILLIAM	135,654
BUNKO	ADA	66,623	MPOFU	CHRISTOPH	358,962
CADMAN	PATRICK	130,635	NILSON	LINDA	164,391
CAMPBELL	LORNA	64,674	NISTOR	GAIL	54,285
CARLSEN	SVEIN	134,929	NORMAN	CARLA	71,905
CARMICHAEL	KAREN	55,089	OLFERT	IVAN	131,598
CARMICHAEL	LINDA	72,922	PACELLA	JUAN	95,938
CHALCHAL	HAJI	340,647	PADBURY	REG	104,732
CHOQUETTE	HEATHER	64,412	PATEL	NILESH	57,617
CHOW	LEISSA	64,659	PATTERSON	JANET	75,800
CHRISTENSON	KENDRA	54,082	PEARCE	LAURIE	53,031
COCARELL	JOHN	61,382	PENLEY	ROBERT	69,863
COLIN	RON	91,921	PERRY	CHANTAL	52,183
COLLEAUX	DENA	64,493	PIERLOT	JOAN	77,426

CONKLIN	SHELDON	54,586	PLETT	CARISSA	51,410
COOK	DARCY	65,778	POLLOCK	LENORE	64,702
COULTER	SHEILA	83,126	POPKIN	DAVID	398,279
COWAN	SARAH	63,937	PRYOR	RICK	66,201
CRANMER-SARGISON	GAVIN	81,054	RACZYNSKI	JOYCE	65,483
DAGNONE	MARY	64,996	RAPP	DOROTHY	87,330
DAHL	MELVIN	63,839	RAYSON	SANDRA	154,522
DAVIS	KAREN	74,281	REICHERT	BRIAN	83,430
DERGOUSOFF	STEPHANIE	76,851	ROBB	KAREN	62,646
DERRICK	PETER	75,941	RUSSELL	ELAINE	64,661
DEWALD	CARMEN	64,674	SADIKOV	EVGENY	280,862
DICKOF	PETER	130,970	SALIM	MUHAMMAD	367,630
DOELL	HEATHER	68,424	SAMI	AMER	337,994
DOLATA	WOJCIECH	74,460	SAXINGER	SHEILA	52,848
DUBEY	ARBIND	136,950	SCHILTZ	COLETTE	72,037
DUCHSCHER	DANA	75,470	SCHMIDT	BRUCE	66,049
DWERNYCHUK	LYNN	68,838	SCHMIDT	L. MARLEN	69,865
EDMUNDS	LAURIE	65,209	SCHUMANN	ANDREA	60,271
EDWARDS	TRENT	76,074	SCHWARZ	CHRISTOPH	87,164
EL-GAYED	ALI	338,789	SEBASTIAN	SHAUNA	55,005
ELL	CAROL	54,463	SENFT	BEVERLEY	65,368
EVJEN	ANDREA	51,440	SHARP	WARREN	89,382
FAY	APRIL	71,118	SHERIDAN	DAVID	276,137
FIBICH	CHRISTIAN	346,879	SHIELS	ROSS	166,201
FISHER	MICHELLE	90,532	SIDHU	NARINDER	141,313
FLORIZONE	JACKIE	57,736	SIGURDSON	JOANNE	53,152
FOORD	CHRISTEL	50,126	SIRDAR	JOHN	64,983
FOOTE	BERTHA	74,192	SORSDAHL	LISA	64,674
FOX	PAULINE	64,810	STEWART	KRISTIN	74,425
FRIESEN	KAETHIE	65,955	STRAUTMAN	CHERYL	64,661
GALLOWAY	LAURIE	75,870	STROEDER	RUTH	65,446
GANTEFOER	ALLISON	61,689	STUART	HEATHER	87,876
GARDINER	DONALD	338,789	STUCKEL	RENEE	64,371
GARRATT	KEVIN	82,979	SVENSRUD	LEONA	62,169
GARTNER	HELEN	64,687	SWEET	RHONDA	62,545
GERBER	LAURIE	57,325	TAI	PATRICIA	339,900
GESY	KATHY	103,713	TEMPLETON	WENDIE	55,140
GLASMAN	WILHELMEN	54,253	TETLER	MIRIAM	68,307
GLOVER	FRANCES	73,618	THAIN	CAROLL	63,164
GOH	TEN-SUAN	602,407	THIESSON	C. SCOT	68,813
GOOD	CARLENE	68,440	THOMPSON	CHERYLE	59,954
GRUBOR	SASA	60,398	TINLINE	PAULA	64,129
GULKA	SANDY	63,672	TONITA	JON	110,247
HAIDER	KAMAL-UDD	362,389	TRACH	CELESTEE	64,436
HALA	KAREN	50,237	TRALNBERG	SANDRA	52,675
HANKS	JANA	66,303	TU	DELUAN	51,522
HAQ	M. MANSOO	360,446	TYNDALL	JOANNE	69,350
HARTZ	GAYLE	56,788	USHER	BARBARA	66,201
HASTINGS	JAMES	62,152	VACHHRAJANI	HARESH	340,542
HAUTZ	JO-ANNE	74,296	VAN-GEMEREN	JACQUELIN	64,996
HAWRYLUK	WANDA	50,941	VORALIA	MICHAEL	345,953
HEINRICH	ARLENE	70,432	VU	KHANH	87,485
HIBRAIM	LAWRENCE	70,504	WACKER	STEVEN	75,308
HORDOS	JANELLE	74,451	WALKER	VIVIAN	120,752
HOWELL	SUSAN	65,322	WARREN	JOYCE	80,416
JANCEWICZ	MIROSLAV	341,061	WEBER	LORENZ	59,819
JENSEN	GEORGINA	64,561	WEBER	WENDY	62,474
JOHNSON	MARY	56,104	WESTAD	ANNE	65,113
JOHNSON	TEKLA	58,267	WHITE	ADRIAN	66,306

JUDD	ALISON	75,906	WHITING	CHERYL	81,983
JUMA-ANDERSON	STELLA	61,978	WHITTLE	ALISON	74,358
KABAN	SUSAN	53,536	WUEST	ROBERTA	77,367
KENNEDY	DONNA	64,799	WILSON	KARLA	51,945
KEULER	LAURA	68,613	WOOD	VALERIE	64,764
KISH	DONNA	64,787	XIANG	JIM	116,223
KOUL	RASHMI	135,950	YADAV	SUNIL	572,680
KOWBEL	BEVERLY	78,457	ZABA	DONNA	51,596
KOZIE	SERENA	69,793	ZARKOVIC	MIRJANA	244,930
KRAKALOVICH	HELENA	76,386	ZIEGLER	WILLIAM	131,035

Saskatchewan Cancer Agency

Payee Disclosure List

For the Year Ended March 31, 2008

Supplier Payments

Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts, and equipment.

Abbott Laboratories	\$ 2,365,376
ABY Sage Consulting	56,712
Associated Radiologists of Saskatoon	154,624
Baxter Corporation	253,432
Bayer Inc.	160,805
Biolyse Pharma Corp	484,200
Braid Flooring Ltd.	97,858
Brennan Office Plus	107,397
Bristol-Myers Squibb Canada	85,235
Canadian Medical Protective Association	83,106
Canadian Pharmaceutical Distribution Network	18,387,578
CancerCare Manitoba	70,080
Can-Med Healthcare	140,051
Carmel Pharma	220,359
CDW Canada Inc.	268,822
College of Physicians & Surgeons of Saskatchewan	55,803
CPS Medical	52,032
Diners Club International	123,226
Domco Construction	171,365
Dr. O. Moodley Prof Corp.	176,400
Ebsco Canada Ltd.	64,729
Enzon, Inc.	91,993
Five Hills Regional Health Authority	52,968
Grand & Toy Office Products	79,810
Horizon Computer Solutions	159,388
Hospira Healthcare Corporation	387,826
Innovation Place	122,586
Leader Post Ltd.	65,484
MacPherson, Leslie & Tyerman	63,853
Marsh Canada Limited	91,979
McKesson Canada	2,705,344
Medical Doctor Associates	211,370
Niesner Properties Inc	90,954
Novartis Pharmaceuticals Canada	3,813,782
Nucletron Corporation	79,900
OPI Inc.	78,130
PCL Construction Management Inc.	363,086
Philips Medical Systems Canada	271,963
Pricewaterhouse Coopers LLP	84,510
Prince Albert Parkland Regional Health Authority	61,723
Professional Western Computers	71,464
QuestCan Hr/Leadership Consultants	162,367
Regina Qu'Appelle Regional Health Authority	3,705,477
Resource Planning Group Inc.	73,634
Royal Bank VISA	139,491
Saskatchewan Association of Healthcare Organizations (SAHO)	137,963
Saskatchewan Property Management	317,012
Saskatchewan Telecommunications	80,384
Saskatoon Regional Health Authority	4,369,239
Schaan Healthcare Products	89,890
Siemens Canada Limited	204,583
Sigma Life Sciences Inc	220,008
Stantec Architecture Ltd.	108,594
Sunrise Regional Health Authority	95,583
Supreme Basics	89,922
Technology Management Corp	50,928
University of Saskatchewan	199,908
Varian Medical Systems	584,896
VWR International Ltd.	54,141
West Wind Aviation	100,400
Western Ltd.	50,793

Saskatchewan Cancer Agency

Payee Disclosure List

For the Year Ended March 31, 2008

Other Expenditures

Listed are payees who received \$50,000 or more for expenditures not included in the above categories.

Minister of Finance	\$	221,844
Public Employees Disability Income Fund - employer's share		75,151
Public Employees Pension Plan - employer's share		1,898,345
Receiver General for Canada :		
- Canada Pension Plan - employer's share		844,640
- Employment Insurance - employer's share		395,147
SAHO - Core Dental Plan		215,391
SAHO - Extended Health Care Plans		179,653
SAHO - In-Scope Health & Dental		484,759
Workers' Compensation Board		378,592



Saskatchewan Cancer Agency

A healthy population free from cancer

#204-3775 Pasqua Street

Regina, Saskatchewan S4S 6W8

306-585-1831

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